

APPLICATION FOR PUBLIC ACCESS TO RECORDS

TO: Records Access Officer
Chautauqua Lake Central School District
100 North Erie St.
Mayville, NY 14757

I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD(S):

I will inspect the records on the premise of the school district.

I would like copies made of the requested records.

***FEES: Photo copies of records are available at a cost of 25 cents per page.

Signature: _____ Date: _____

Mailing Address: _____

FOR DISTRICT USE ONLY

APPROVED

DISAPPROVED (For the reason(s) listed below:

OTHER (specify):

Signature of Records Access Officer: _____ Date: _____

NOTICE: YOU HAVE THE RIGHT TO APPEAL A DENIAL OF THIS APPLICATION
TO THE SCHOOL SUPERINTENDENT WITHIN 30 DAYS OF THE DENIAL.

References: District Policy #3310
New York Freedom of Information Law
Article 6 of the Public Officers Law